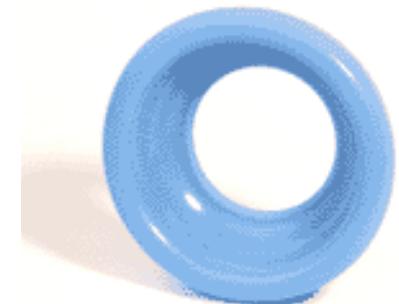


Acadèmia Ciències Mèdiques i Quirúrgiques
Dimarts, 10 de Maig de 2011

Cerclatge cervical i Pesari cervical per a la prevenció de Prematuritat



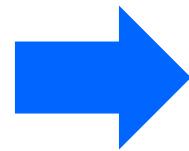
M. Goya
Unitat de Medicina Materno-Fetal
Hospital Universitari Vall d'Hebron. Barcelona



PREVENCIÓ DE PP: CERCLATGE

PROFILÀCTIC

EMERGENT

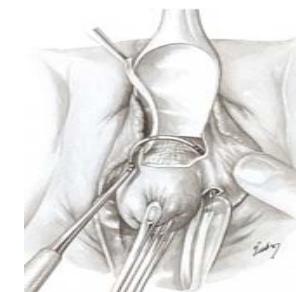
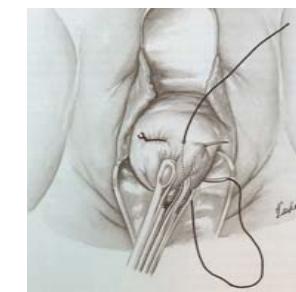


INDICAT PER H^a MATERNA

INDICAT PER CONTROL ECOGRÀFIC

INDICAT PER EXAMEN FÍSIC

INDICAT PER GESTACIÓ MÚLTIPLE



PREVENCIÓ DE PP: CERCLATGE

CERCLATGE “INDICAT PER HISTÒRIA MATERNA”

≥ AVORTAMENTS TARDANS
≥ PARTS PREMATURS PREVIS

↓PP 32% AL 15%

< 3 AVORTAMENTS TARDANS
< 3 PARTS PREMATURS

EVIDÈNCIA
INSUFICIENT

CONITZACIÓ PRÈVIA
MALFORMACIÓ UTERINA

EVIDÈNCIA
INSUFICIENT

Rush et al. BJOG 1984;91:724-730.

Lazar et al BJOG 1984;91:731-735.

MRC/RCOG Working Party on Cervical Cerclage. Final report of the Medical Research Council/Royal College of Obstetricians and Gynaecologists multicentre randomized trial of cervical cerclage.
Br J Obstet Gynecol. 1993;100:516–523.

PREVENCIÓ DE PP: CERCLATGE

CERCLATGE “INDICAT PER CONTROL ECOGRÀFIC”

LC ≤ 25 mm ACTUAL

NO EVIDÈNCIA

1 AVORTAMENT TARDÀ / 1 PP PREVI
i

LC ≤ 25 mm ACTUAL

↓ PP 39% AL 23 %

Am J Obstet Gynecol. 2009; 201(4):375-8.

BESSONS

↑ PP 36% AL 75 %

Rush et al. Am J Obstet Gynecol. 2001; 185: 1098-1105.

Althuisius et al. Am J Obstet Gynecol. 2001; 185:1106-1112.

To et al. Lancet. 2004; 363:1849-1853.

Berghella et al. Am J Obstet Gynecol. 2004; 191: 1311-1317.

Berghella et al. Obstet Gynecol. 2005;106:181-189. Meta-anàlisis.

PREVENCIÓ DE PP: CERCLATGE

CERCLATGE “INDICAT PER EXAMEN FÍSIC”

DILATACIÓ CERVICAL ≥ 1 CM (14-26s)

↓PP 67% AL 38 %

SERIE OBSERVACIONAL 2007*

n = 225

152 cerclatge; 73 expectant

↑ SUPERVIVÈNCIA NEONATAL

↑ RN PES > 1500 gr.

↓ PART PREMATUR < 28S

*Althisius et al. Am J Obstet Gynecol. 2003; 189: 907-910.
Pereira et al. Am J Obstet Gynecol. 2005; 193:S128.
Pereira et al. Am J Obstet Gynecol 2007; 197:483-490**

HOSPITAL VALL D'HEBRON 2007-2010

Goya M, Suy A., Pratcorona L., Merced C., Rodó C., Carreras E., Cabero L.

Total: 76 casos

35 casos de corioamnionitis
es descarta cerclatge

Cerclatges Indicats per Examen Físic n = 41

Edat (anys)	27 (6.3)
Història de PP (%)	13 (43.3%)
EG col·locació cerclatge (s)	22.1 (19-26)
EG al Part (s)	34.3 (27-39)
Corioamnionitis (%)	4 (9.7)
RPM pretermes (%)	4 (9.7)
Ingrés UCIN (%)	7 (17.1)
Mort Neonatal (%)	1 (2.4)



PREVENCIÓ DE PP: CERCLATGE

CERCLATGE “INDICAT PER GESTACIÓ MÚLTIPLE”

“HISTÒRIA MATERNA”

NO REDUCCIÓ PP

Dor et al. Gynecol Obstet Invest 1982; 13:55-60.

“INDICAT PER CONTROL ECOGRÀFIC”

↑ TAXA PP!!

Berghella et al. Obstet Gynecol. 2005; 106: 181-189. Meta-análisis.

PREVENCIÓ DE PP: CONCLUSIONS

CERCLATGE

≥ 3 AVORTAMENTS TARDANS / ≥ 3 PARTS PREMATURS

SI, 12-14s

Rush et al, 1984; Lazar et al 1984; MRC/CROG 2003.

1 PP PREVI i LC ≤ 25 mm ACTUAL

SI, 14-24s

Am J Obstet Gynecol. 2009; 201(4):375-8.

DILATACIÓ CERVICAL (≥ 1 CM) 14-26s

SI

Berghella et al 2004; Berghella et al 2005.

BESSONS, INDEPENDENTEMENT DE LC

NO

Dor et al 1982; Berghella et al 2005.

PREVENCIÓ DE PP: PESARI

REVISIÓ

Newcomer, 2000

Arabin, 2003

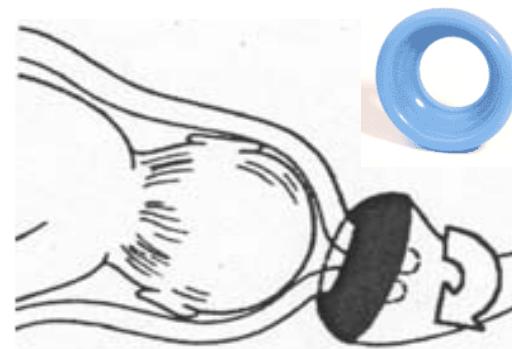
Acharya, 2006

Dharan, 2009

Trojnar, 2010

Cochrane, 2010

PECEP Trial



PREVENCIÓ DE PP: PESARI

REVISIÓ

Newcomer, 2000

Arabin, 2003

Estudi cas control, LC ≤ 15 mm

Acharya, 2006

Dharan, 2009

Trojnar, 2010

Cochrane, 2010

PREVENCIÓ DE PP: PESARI

	Singleton pregnancies (n=24)			Twin pregnancies (n=46)		
	Pessary (n=12)	No pessary (n=12)	Significance*	Pessary (n=23)	No pessary (n=23)	Significance*
Maternal age (mean/ range)	32 (26–43)	32 (25–38)	ns	32 (27–40)	32 (24–40)	ns
Nulliparous (n, %)	1 (8 %)	3 (25 %)	ns	15 (65 %)	16 (70 %)	ns
Prior abortions (n, %)	7 (58 %)	6 (50 %)	ns	3 (13 %)	1 (4 %)	ns
Prior SPB (n, %)	6 (50 %)	7 (53 %)	ns	3 (13 %)	0	ns
Gestational age of prior SPB (mean/ range)	28 (23–34)	28 (21–34)	ns	29 (20–34)	–	ns
Gestational age at TVS (mean/range)	24 (20–27)	24 (20–27)	ns	23 (20–27)	24 (21–27)	ns
Fibronectin+ (n, %)*	4 (33 %)	7 (53 %)	ns	18 (78 %)	10 (43 %)	ns
Bacterial vaginosis (n, %)	3 (25 %)	1 (8 %)	ns	6 (26 %)	1 (4 %)	p<0.001
Funneling supine position (n, %)	1 (8 %)	1 (8 %)	ns	12 (52 %)	5 (22 %)	p=0.003
Funneling upright position (n, %)	10 (83 %)	5 (42 %)	p= 0.015	23 (100 %)	10 (43 %)	p<0.001
CL supine position (mm, mean/range)	29 (20–35)	28 (10–34)	ns	25 (4–33)	27 (7–33)	ns
CL upright position (mm, mean/range)	24 (11–30)	26 (10–30)	ns	17 (0–25)	24 (7–33)	ns

*Test: Mann-Whitney

*Fibronectin was determined > 24 and < 28 gestational weeks

PREVENCIÓ DE PP: PESARI

Preterm birth	Singleton pregnancies (n=24)			Twin pregnancies (n=46)		
	Pessary (n=12)	No pessary (n=12)	Significance* (n=23)	Pessary (n=23)	No pessary	Significance*
<28 weeks (n,%)	0	2 (17 %)	ns	0	1 (4 %)	ns
<32 weeks (n,%)	0	3 (25 %)	ns	0	7 (30 %)	p<0.001
<36 weeks (n,%)	0	6 (50 %)	p<0.001	8 (35 %)	12 (52 %)	ns
Interval (days,mean/ range) between TVS before treatment or controls and delivery	99 (70–134)	67 (2–130)	p=0.0184	85 (43–129)	67 (21–100)	p=0.001
Gestational age (weeks+days) at delivery (mean/ range)	38 (36+6–41)	33+4 (26–38)	p=0.02	35+6 (33–37+4)	33+2 (24+4–37+2)	p=0.02

*Test: Mann-Whitney

PREVENCIÓ DE PP: PESARI

REVISIÓ

Cervical pessary for preventing preterm birth (Review)

Abdel-Aleem H, Shaaban OM, Abdel-Aleem MA

Newcomer, 2000

Arabin, 2003

Acharya, 2006

Dharan, 2009

Trojnar, 2010

Cochrane, 2010



PREVENCIÓ DE PP: PESARI

ABSTRACT

Background

Preterm delivery is a major health problem and contributes to more than 50% of the overall perinatal mortality. Cervical incompetence is one of the common causes of preterm birth to which different management strategies have been tried including cervical cerclage. Cervical cerclage is an invasive technique that needs anaesthesia and may be associated with complications. Moreover, there is still a matter of controversy regarding the efficacy and the group of patients which could benefit from this operation. Cervical pessary has been tried as a simple, non-invasive alternative that might replace the above invasive cervical stitch operation.

Objectives

To evaluate the efficacy of cervical pessary for prevention of preterm birth in women with cervical incompetence.

Search strategy

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (May 2010), Current Controlled Trials and the Australian New Zealand Clinical Trials Registry (May 2010).

Selection criteria

We selected all published and unpublished randomised clinical trials comparing the use of cervical pessary with cervical cerclage or expectant management for prevention of preterm birth. We did not include quasi-randomised trials, cluster-randomised and crossover trials.

Data collection and analysis

Two review authors independently assessed trials for inclusion.

Main results

The search identified two trials which we excluded. Three additional trials are ongoing. This review contains no included studies.

Authors' conclusions

The review did not identify any well-designed randomised clinical trial in order to confirm or refute the benefit of cervical pessary. However, there is evidence from non-randomised trials that showed some benefit of cervical pessary in preventing preterm birth. We are waiting for the results of three ongoing randomised controlled trials, assessing the role of cervical pessary in women with short cervix. There is a need for further well-designed randomised controlled trials.

PREVENCIÓ DE PP: PESARI

Authors' conclusions

The review did not identify any well-designed randomised clinical trial in order to confirm or refute the benefit of cervical pessary. However, there is evidence from non-randomised trials that showed some benefit of cervical pessary in preventing preterm birth. We are waiting for the results of three ongoing randomised controlled trials, assessing the role of cervical pessary in women with short cervix. There is a need for further well-designed randomised controlled trials.

PECEP TRIAL: PESARI CERVICAL PER EVITAR PP

Hospital Universitari Vall d'Hebron

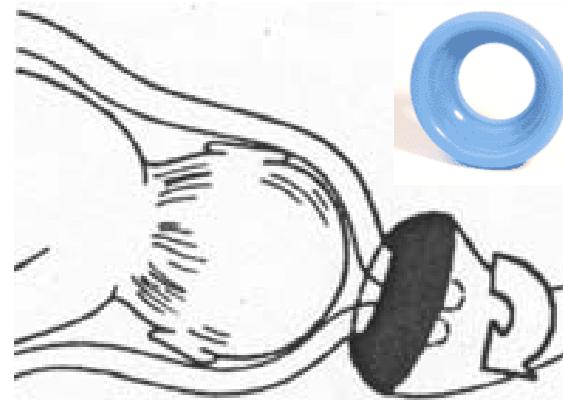
Hospital Son Llàtzer

Hospital Materno-Infantil de Canarias

Institut Universitari Dexeus

Hospital de Fuenlabrada

Hospital Sant Joan de Reus



PECEP TRIAL
*"PEsario Cervical
para Evitar Prematuridad"*

Prevention of Preterm Birth Using Cervical Pessary in Pregnant Women With Short Cervix (PECEP)

This study is ongoing, but not recruiting participants.

First Received on June 24, 2008. Last Updated on September 14, 2010 [History of Changes](#)

Sponsor:	Maternal-Infantil Vall d'Hebron Hospital
Collaborators:	Hospital Materno-Infantil de Canarias Hospital Son Llatzer Institut Universitari Dexeus
Information provided by:	Maternal-Infantil Vall d'Hebron Hospital
ClinicalTrials.gov Identifier:	NCT00706264



FIS PI071086

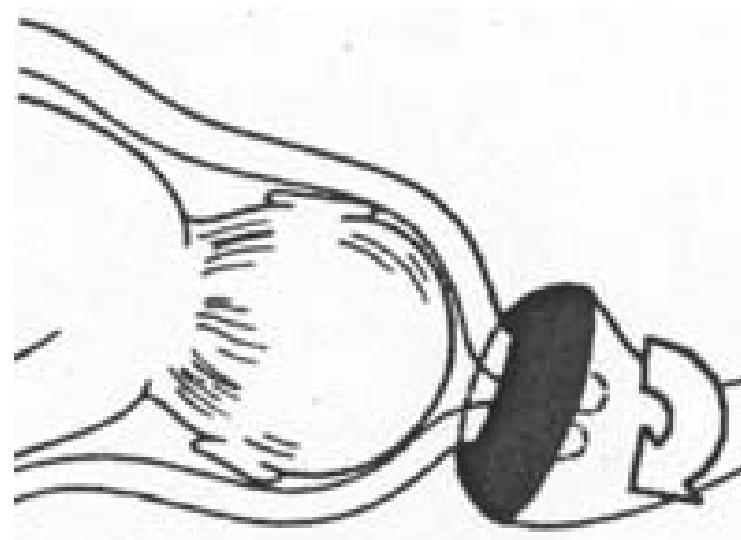
PECEP TRIAL: PESARI CERVICAL PER EVITAR PP

HIPÒTESI

Pesari cervical redueix PART PREMATUR

Gestants assíntomàtiques amb LC \leq 25 mm.

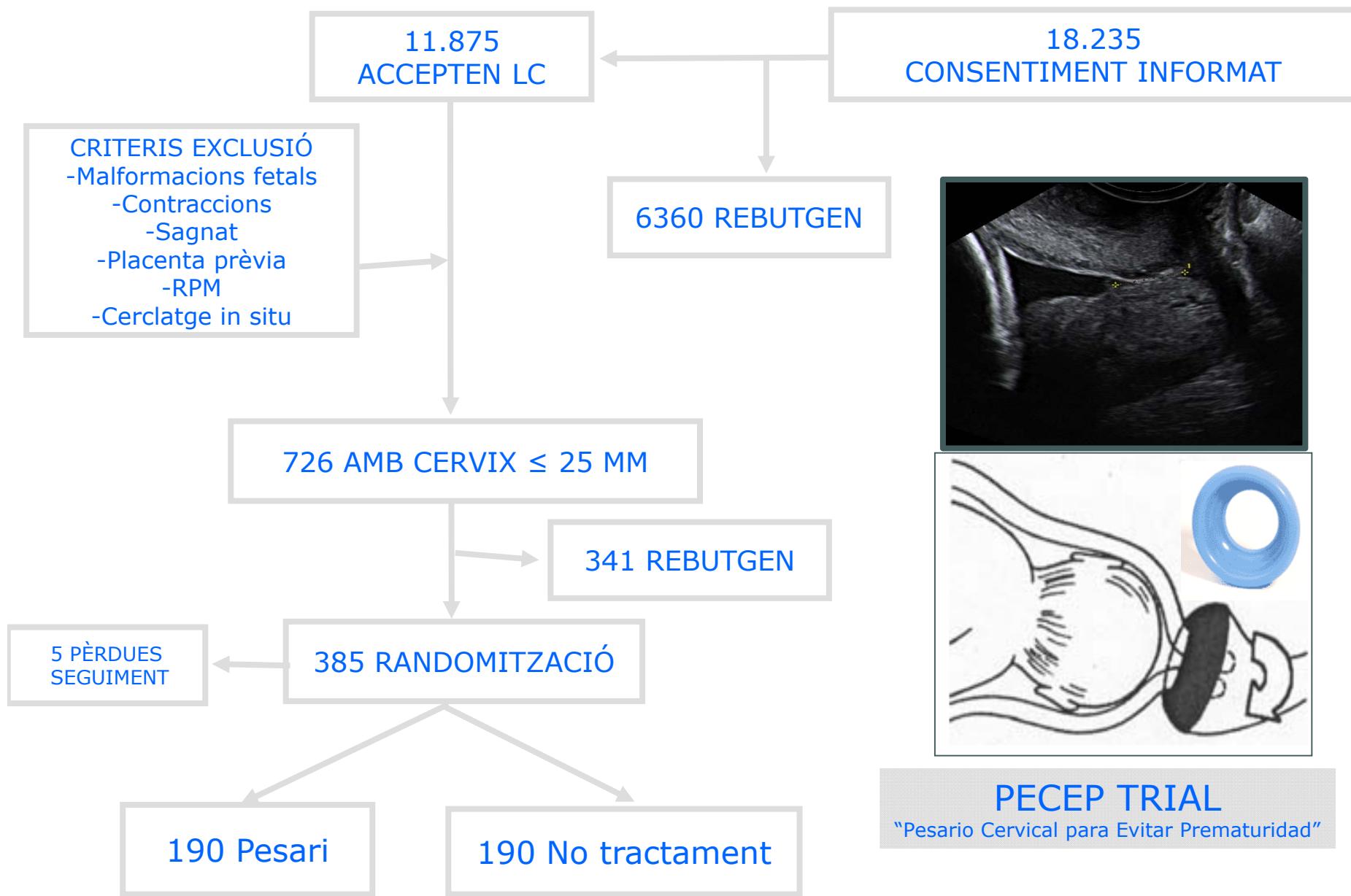
Entre 18-22 s



Criteris d'exclusió:

- Malformacions fetales
- Dinàmica uterina
- Sagnat
- Placenta prèvia
- RPM
- Cerclatge in situ

PECEP TRIAL: PESARI CERVICAL PER EVITAR PP

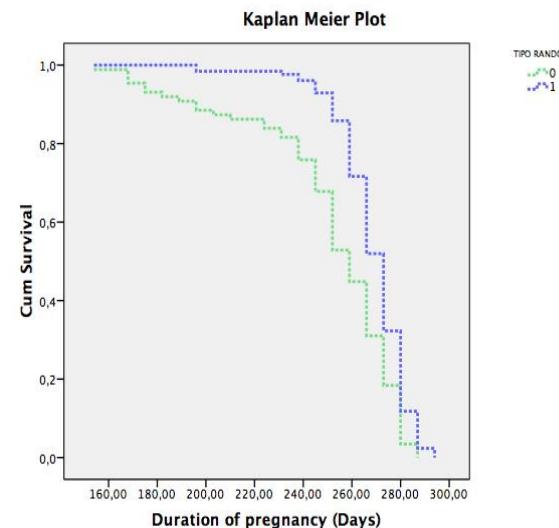


PECEP TRIAL: CARACTERÍSTIQUES DEMOGRÀFIQUES

	Pesari (n=190)	No Pesari (n=190)	<i>P</i>
Edat materna	29 (18-40)	30 (19-43)	ns
Index massa corporal	23.7 (16-28)	24.9 (17-30)	ns
Nulípares	96 (50.5%)	94 (49.5%)	ns
Multípares sense PP previ	74 (38.9%)	75 (39.5%)	ns
Multípares amb PP previ	20 (10.6%)	21 (11.0%)	ns
Fumadores	34 (17.9%)	37 (19.5%)	ns
Ètnia			ns
caucàsica	109 (57.4%)	107 (56.3%)	ns
llatina	57 (30%)	58 (30.5%)	ns
altres	24 (12.6%)	25 (13.2%)	ns
EG randomització	22.4 (21.1-23.6)	22.3 (21.2-23.4)	ns
LC randomització	19 (7-25)	18 (9-25)	ns

PECEP TRIAL: RESULTATS

	Pesari (n=190)	No Pesari (n=190)	P
Part espontani < 28s	4 (2.1%)	16 (8.4%)	ns
Part espontani < 34s	12 (6.3%)	51 (26.8%)	0.0001
Edat Gestacional al part (setmanes+díes) al part (mitjana, rang)	38.3 (27.4-42)	35.1 (24.1-41)	0.001

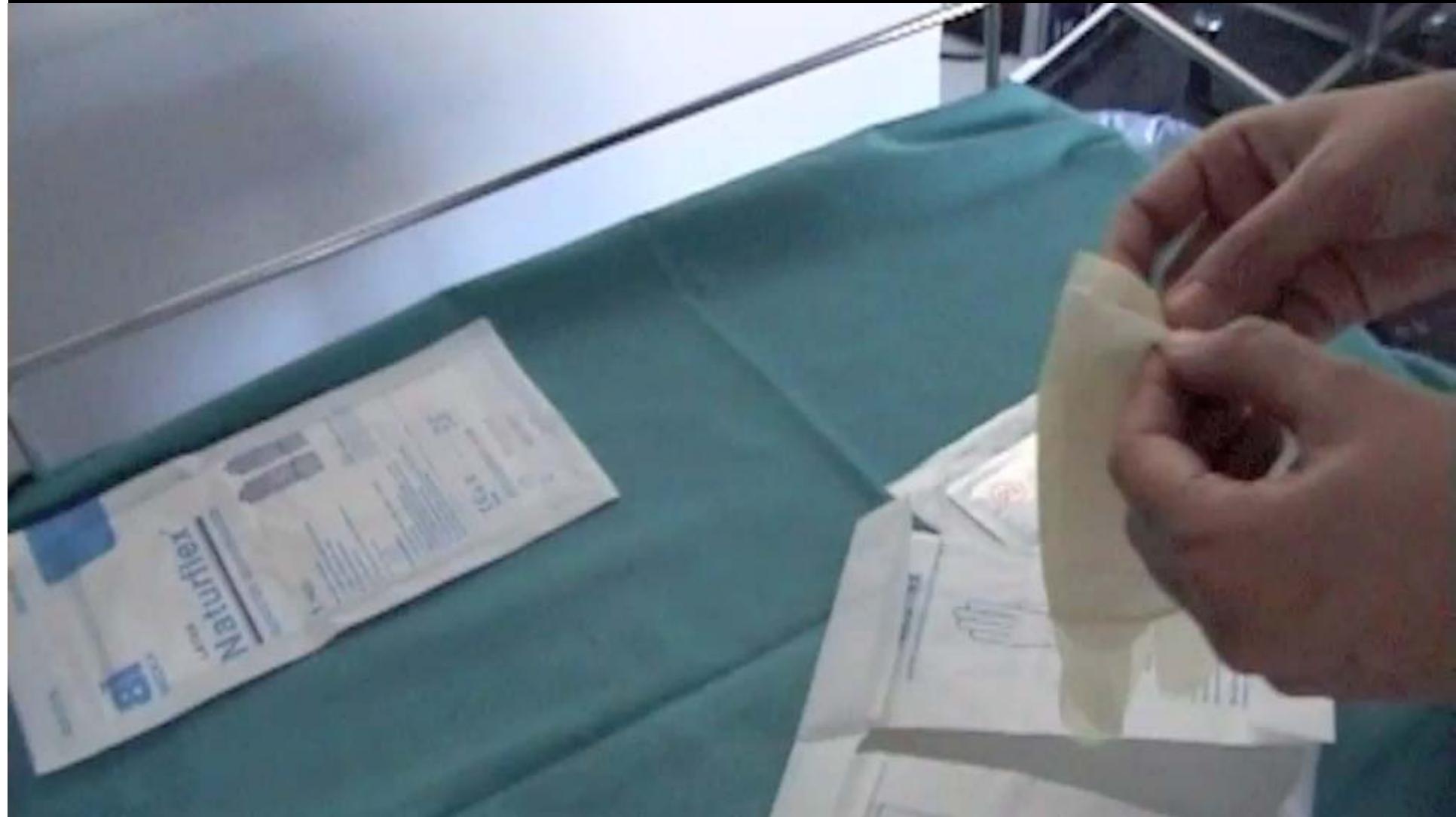


Dades pendents de publicació

PECEP TRIAL: RESULTATS

	Pesari (n=190)	No Pesari (n=190)	P
Mort fetal	0	0	ns
Mort neonatal	0	1	ns
Pes al néixer < 2500 g	12 (6.3%)	56 (29.5%)	0.0001
Pes al néixer < 1500 g	4 (2.1%)	17 (8.9%)	ns
Efectes adversos			
Enterocolitis	0	2 (1.0%)	ns
Hemorragia IV	0	2 (1.0%)	ns
Distrés Respiratori	5 (2.6%)	23 (12.1%)	0.03
Retinopatía	0	3 (1.6%)	ns
Sepsis	3 (1.6%)	12 (6.3%)	ns
Resultats adversos total	8 (4.2%)	42 (22.1%)	0.001

PECEP TRIAL: col·locació/extracció pesari







PECEP TRIAL: RESULTATS

	Pesari (n=190)	No Pesari (n=190)	<i>P</i>
Flux vaginal	190 (100%)	-	-
Vaginosis bacteriana	45 (24%)	47 (25%)	ns
Corioamnionitis	5 (3%)	6 (3%)	ns

PECEP TRIAL: ENQUESTA DE SATISFACCIÓ

	Pesari (n=190)	No Pesari (n=190)
Dolor col·locació (escala 0 a 10)	4	
Dolor retirada (escala 0 a 10)	7	
Recomanació altre pacient	181 (95%)	
Relacions sexuals	58 (31%)	64 (34%)

PECEP TRIAL: RESULTATS

Pesari (n=190)

Recol·locació	27 (14%)
Caiguda	1 (0.5%)
Sagnat	2 (1%)
Lesió cervical (DU)	1 (0.5%)

PECEP TRIAL: RESULTATS

	Pesari (n=190)	No Pesari (n=190)
PP < 34 setm	12 (6.36%)	51 (26.8%)
% funnel	48 (25%)	41 (21%)
<i>DU tocolisis</i>	64 (34%)	101 (53%) *
<i>DU refractaria tocolisis</i>	8 (12%)	35 (35%)*
<i>Ruptura prematura membranes</i>	4 (2.1%)	16 (9.47%)*

* p<0.05

PECEP TRIAL: PESARI CERVICAL PER EVITAR PP

Hospital Vall d'Hebron

Silvia Arévalo

Mayte Aviles

Juan Carlos Bello

Lluis Cabero

Inés Calero

Nazaret Campo

Elena Carreras

Elisa Llurba

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Carme Merced

Laia Pratcorona

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Leonor Valle (Hospital MI Canarias)

Miguel Angel Barber (Hospital MI Canarias)

JA García (Hospital MI Canarias)

Miquel Juan (Hospital Son Llatzer)

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Mina Comas (Institut Dexeus)

Begoña Muñoz (Hospital Reus)

Ana Alfonso (Hospital Fuenlabrada)

María Teulón (Hospital Fuenlabrada)

Belén Santacruz (Hospital Fuenlabrada)

Angels Vives (Hospital Terrassa)

Ricardo Rubio (Hospital del Mar)

PESARI CERVICAL PER EVITAR PP

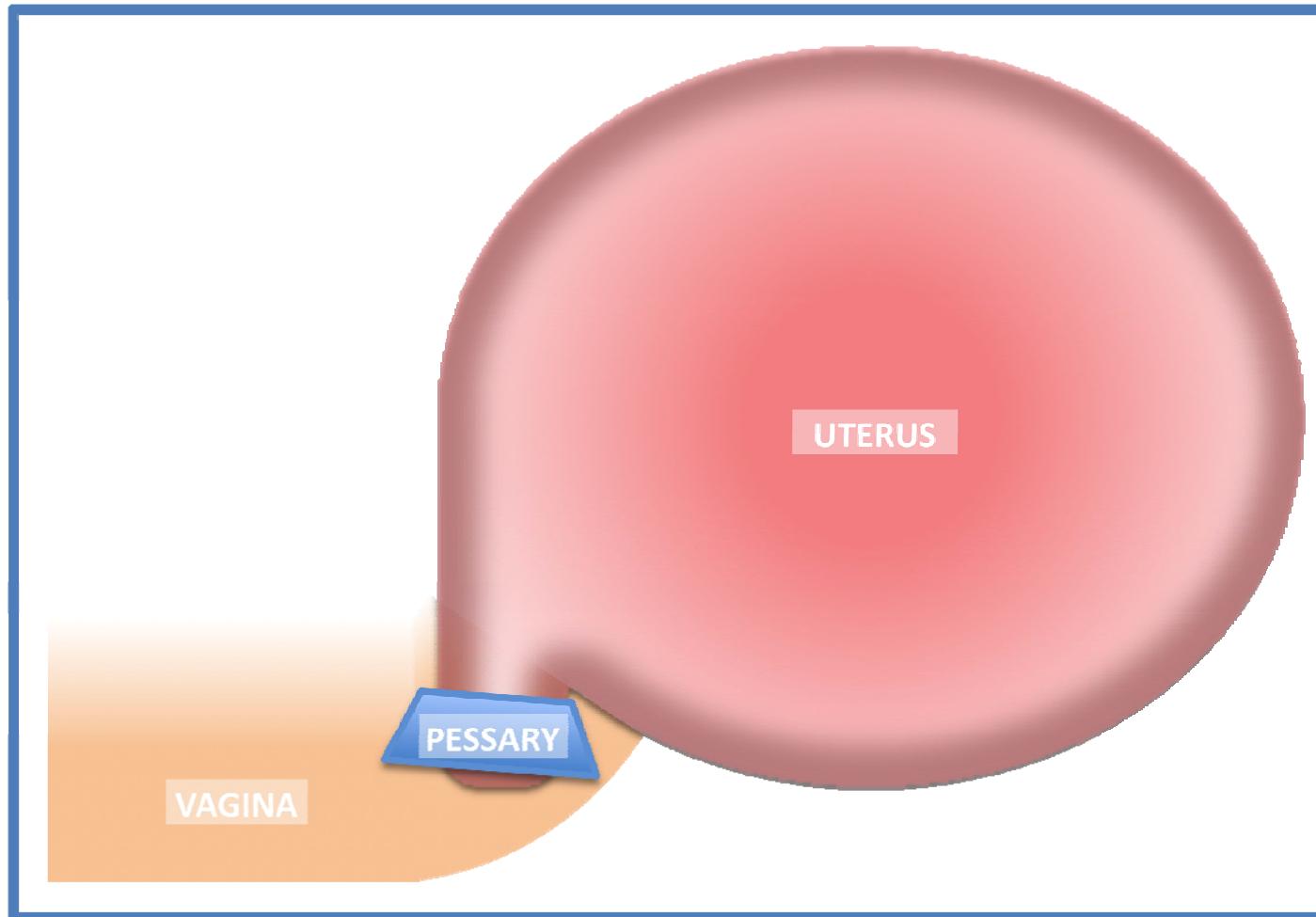
Ultrasound Obstet Gynecol. 2011 Feb 8. doi: 10.1002/uog.8960. [Epub ahead of print]

Sonographic cervical length measurement in pregnant women with a cervical pessary.

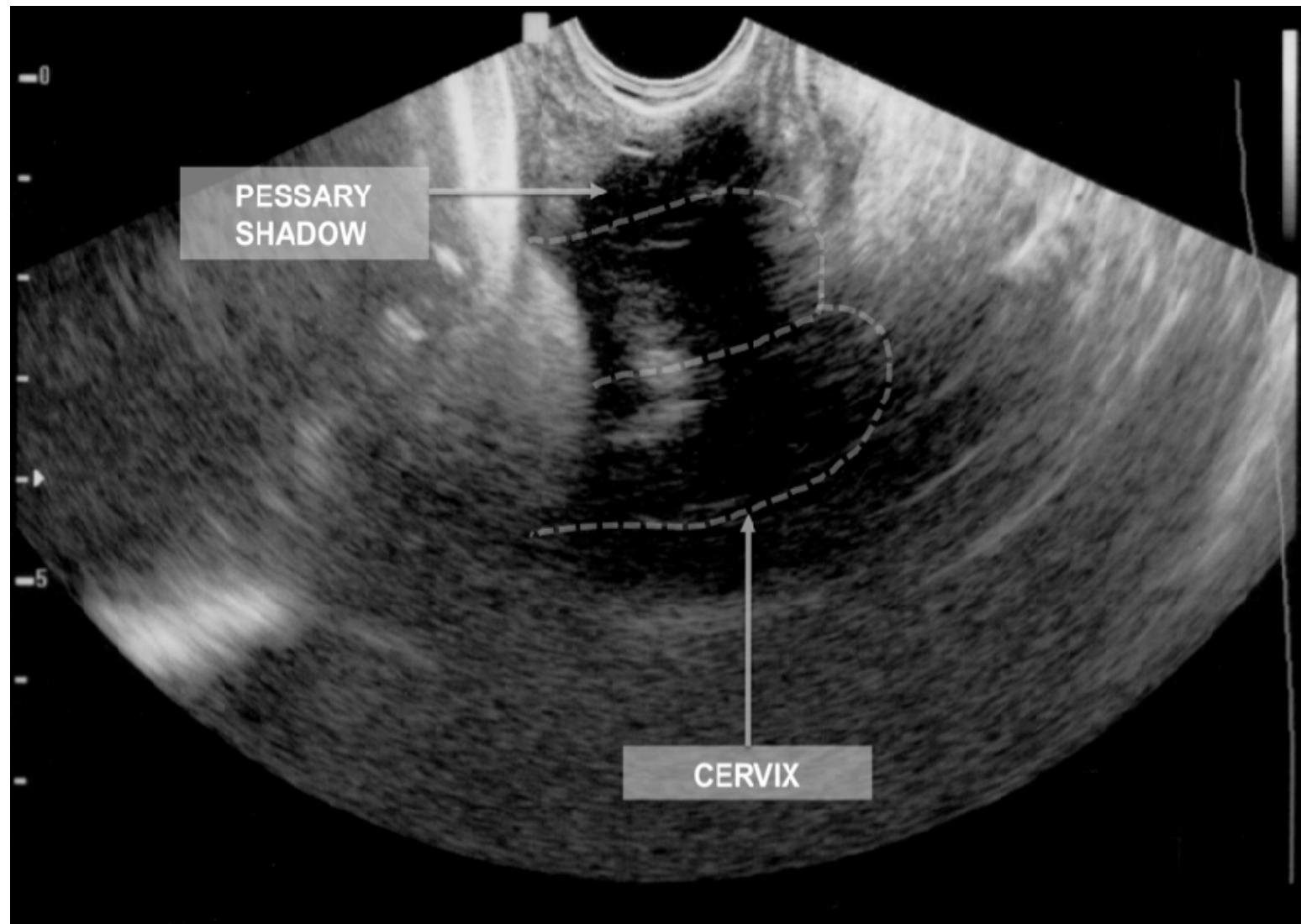
Goya M, Pratcorona L, Hiqueras T, Perez-Hoyos S, Carreras E, Cabero L.

Maternal-Fetal Medicine, Hospital Vall d'Hebron, Barcelona, Spain.

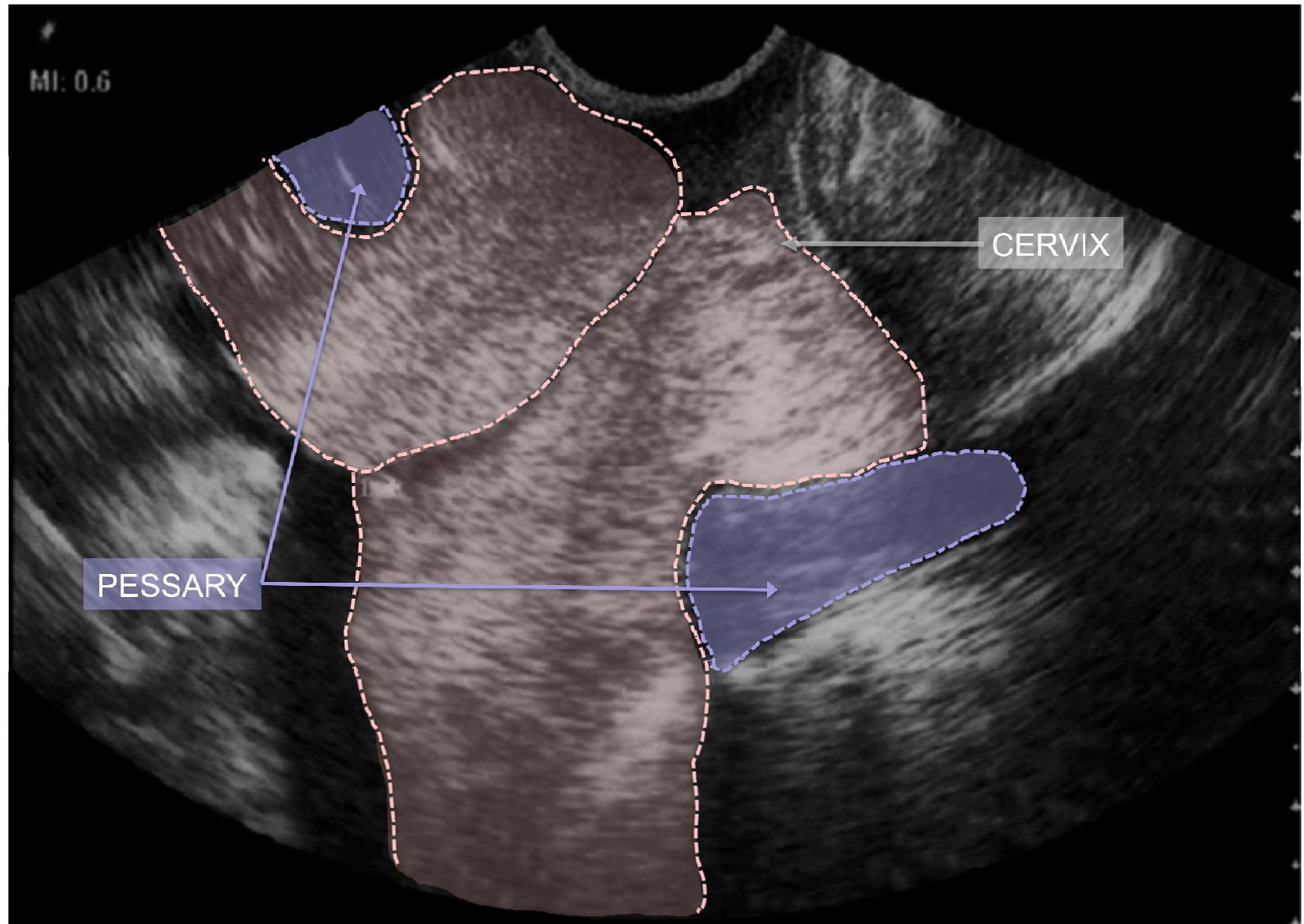
PESARI CERVICAL PER EVITAR PP



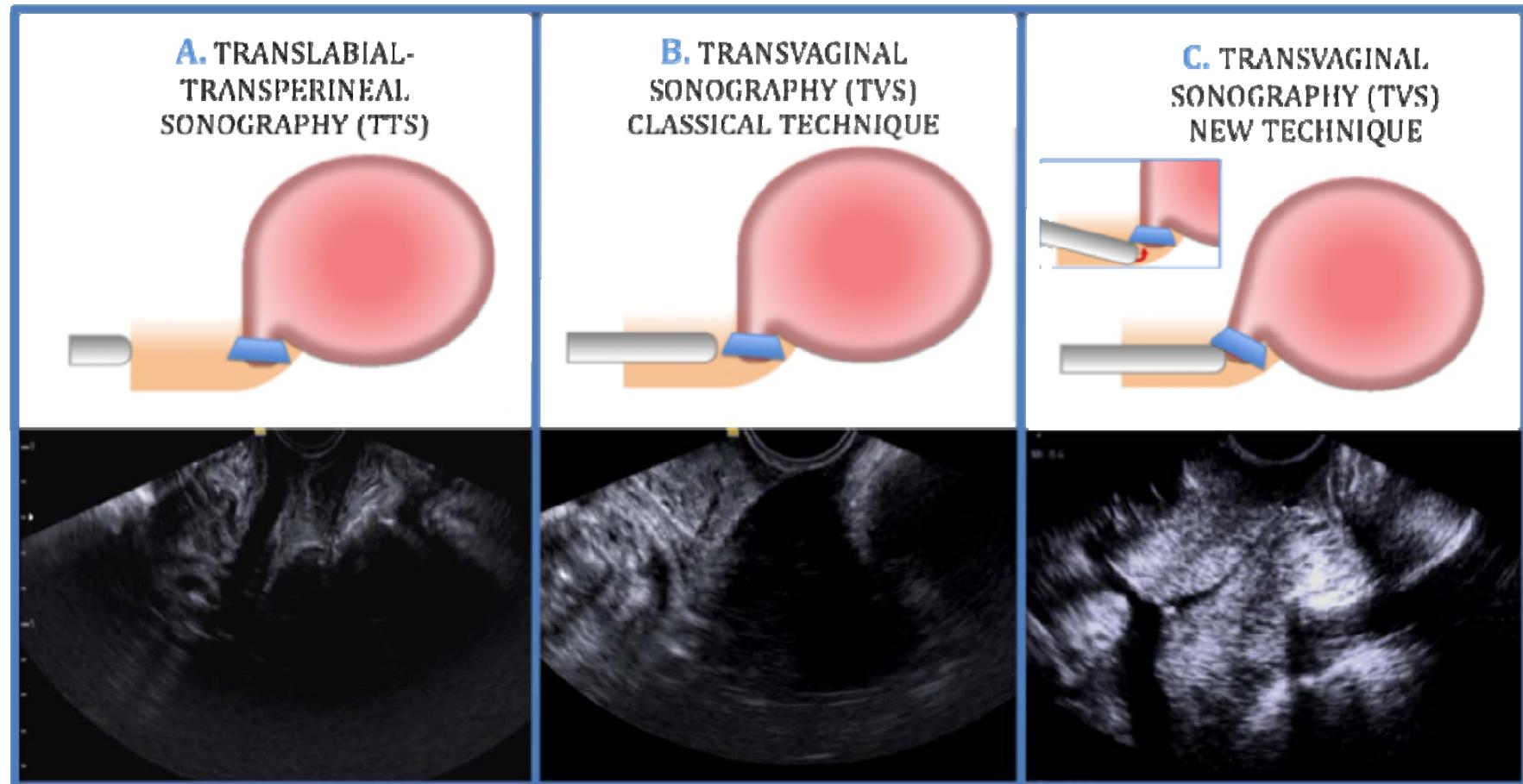
PESARI CERVICAL PER EVITAR PP



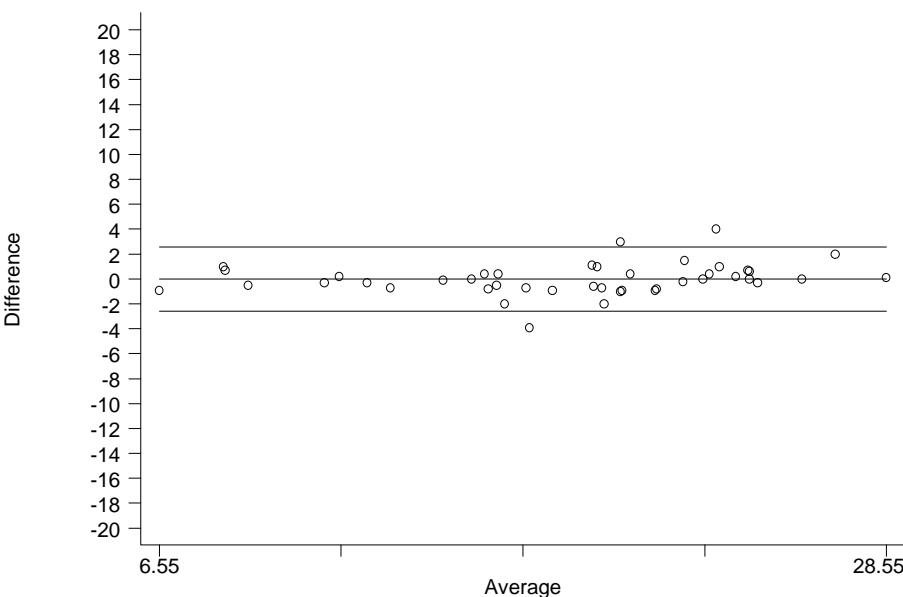
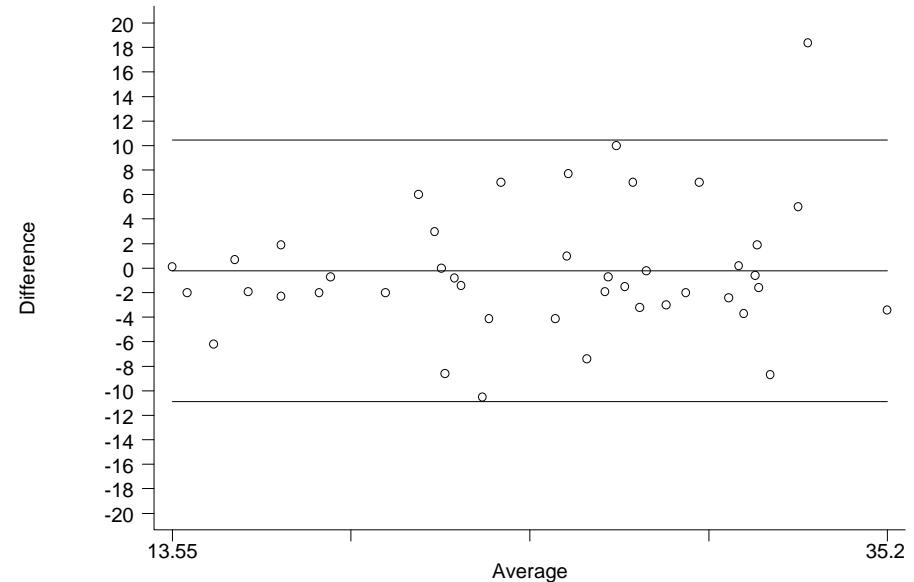
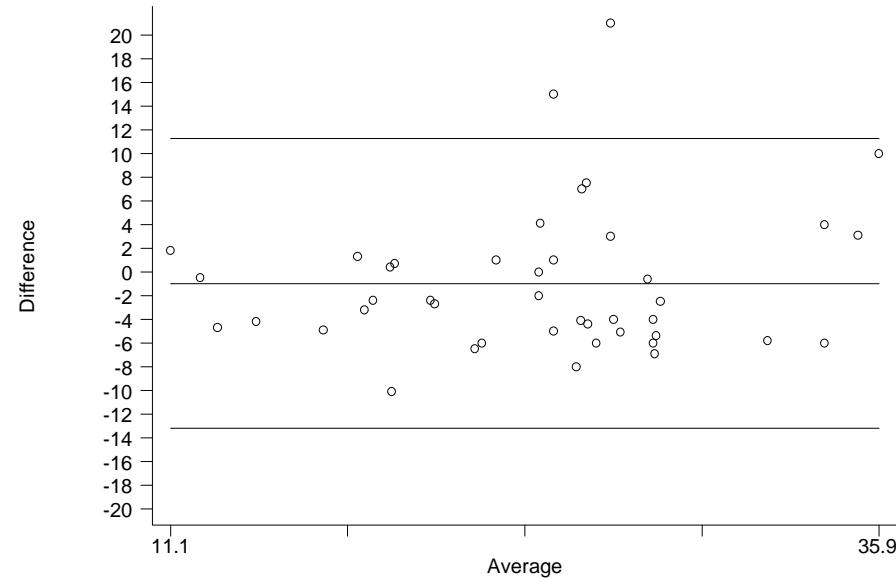
PESARI CERVICAL PER EVITAR PP



PECEP TRIAL: PESARI CERVICAL PER EVITAR PP



PECEP TRIAL: PESARI CERVICAL PER EVITAR PP



Method	Intraclass correlation coefficient (95% CI)
TPS	0.58 (0.34 to 0.75)
TVS (standard technique)	0.65 (0.44 to 0.79)
TVS (new tecqnique)	0.97 (0.95 to 0.98).

Study 1 of 4 for search of: pessary AND twins [Previous Study](#)[Return to Search Results](#)[Next Study](#) [Full Text View](#)[Tabular View](#)[No Study Results Posted](#)[Related Studies](#)**Prevention of Preterm Birth Using Cervical Pessary in Pregnant Women With Short Cervix in Twins (PECEP-TWINS)****This study is currently recruiting participants.**

Verified on November 2010 by Maternal-Infantil Vall d'Hebron Hospital

First Received on September 28, 2010. Last Updated on November 15, 2010 [History of Changes](#)

Sponsor:	Maternal-Infantil Vall d'Hebron Hospital
Information provided by:	Maternal-Infantil Vall d'Hebron Hospital
ClinicalTrials.gov Identifier:	NCT01242410

Study 2 of 3 for search of: Pecep

[!\[\]\(59a20289897cc4154a78df489f8e9fdd_img.jpg\) Previous Study](#) [Return to Search Results](#) [Next Study !\[\]\(55b7a9bb1200f45e52b25f505611f3a8_img.jpg\)](#)

[Full Text View](#)

[Tabular View](#)

[No Study Results Posted](#)

[Related Studies](#)

Prevention of Preterm Birth Using Cervical Pessary in Pregnant Women After Threatened Preterm Labor(PECEP-RETARD)

This study is currently recruiting participants.

Verified by Maternal-Infantil Vall d'Hebron Hospital, November 2010

First Received: September 28, 2010 Last Updated: November 15, 2010 [History of Changes](#)

Sponsor:	Maternal-Infantil Vall d'Hebron Hospital
Information provided by:	Maternal-Infantil Vall d'Hebron Hospital
ClinicalTrials.gov Identifier:	NCT01242384

PREVENCIÓ DE PP: CONCLUSIONS

CERCLATGE	PESARI
≥3 AVORTAMENTS TARDANS / ≥3 PARTS PREMATURS	SI
1 PP PREVI LC ≤ 25 mm ACTUAL	SI
Ø CERVICAL (≥1 CM)	SI
BESSONS	NO
LC ≤ 25 MM, ÚNIQUES, ASSIMPTOMÀTIQUES	SI
LC ≤ 25 mm, TRAS APP	?
BESSONS	?

Moltes Gràcies

mgoya@vhebron.net

